stigma of elitism. The average health consumer must find this offensive. We need all the allies we can get—especially the average man.

BARRY D. ORVELL, MD Oakland, California

TO THE EDITOR: In regard to Dr. Richard Babb's article, "An Evaluation of the Executive Health Examination," I have the following comments:

Surely any competent physician does not need to spend \$250 to \$350 in order to diagnose obesity, emotional illness and drug dependence. On reviewing Dr. Babb's data, I see virtually no significant illness that could not have been discovered by a simple history and physical examination with perhaps the addition of tonometry.

I am sure, as Dr. Babb states, that corporations are satisfied with this program. It is relatively easy to spend money for high-technology screening tests in the mistaken belief that testing is equated with health.

Executives, like any other workers, are subject to occupational hazards. Certainly, if a worker is being exposed to lead, for example, some attempt would be made to reduce exposure. In the same way, why not take the money saved by streamlining these costly executive health examinations and attempt environmental modification to reduce exposure to executive occupational hazards: two-martini lunches, smoking, emotional stress and lack of exercise.

BENJAMIN GRAHAM, MD Student Health Service San Francisco State University San Francisco

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TO THE EDITOR: After analysis of his data, Dr. Richard R. Babb concludes that the executive health examinations discussed in his article are indeed worthwhile. In this era of cost-effective medicine and appropriate utilization of medical resources, I am in absolute disagreement with this conclusion.

One must first understand that the patient population concerned has excellent access to the health care system if and when significant symptoms arise. A diagnosis such as arthritis in 3 percent of patients, found by "physical findings [in the hands] and x-ray studies of the spine, hip, and knees" is not a very good pickup by a screening study because the treatment is essentially symptomatic (one cannot change the course of degenerative joint disease) and, in this patient population, those patients who are symptomatic will go see their doctors.

Similarly, if one looks at the combination of obesity, depression, alcoholism and anxiety (should one include smoking?), are these really new findings in a health screening examination? Dr. Babb himself had seen 218 of the 420 patients in previous years. One would think that these problems could have been picked up earlier by himself or his colleagues who saw the other 202 patients. Do these findings really belong in his statistics of diseases detected by the particular health examination he is studying? Yet, they account for 18 percent of his calculated 30 percent. Indeed, for these illnesses, the treatment is (frustratingly) so poor that the value of finding them is, in itself, somewhat questionable. Significant findings (a term which I will define as those that can be used in some way that will have a likelihood of benefitting a patient's health), including hypertension, glaucoma and inguinal hernia, occurred in only 9.5 percent of patients.

The cost of these 420 examinations was \$126,-000. For \$126,000, one could have a technician march through every corporate office in Palo Alto measuring the blood pressure and intraocular pressure of every executive, secretary, elevator operator and cleaning person (possibly even commenting along the way "You're too fat—lose weight" or "Stop smoking") and pick up almost all of the significant findings of Dr. Babb's group, as well as serving a larger group of people who generally have less access to our health care system (and more need for free examinations) than do a group of corporate executives.

LONNY SHAVELSON, MD Berkeley Free Clinic Berkeley, California

Dr. Babb Replies

To the Editor: As mentioned in the opening remarks of my paper, there is considerable debate revolving around the concept of annual, or even periodic, health examinations. Critics, however, often equate an executive health examination with the checkup of a private patient, and this is not appropriate.

Corporate leaders understand "cost-effectiveness" far better than most doctors and, thus far, have felt their money well spent promoting the health of employees. Considerable time and money is spent on executive training and future management strategy. Considerations of executives' emotional and physical health are important in